

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
	4	↓	7	↓	↓	↓		↓	↓	↓	↓	↓	↓
TOTAL	4	↓	7	↓	↓	↓	TOTAL	↓	↓	↓	↓	↓	↓
DEP.	13	↓	13	↓	↓	↓	TOTAL	↓	↓	↓	↓	↓	↓
TOTAL	13	↓	13	↓	↓	↓	TOTAL	↓	↓	↓	↓	↓	↓
CLAIMS	13	↓	13	↓	↓	↓	CLAIMS	↓	↓	↓	↓	↓	↓